

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526,060

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1		1	
3			1		1	
4			1		1	
5			1		1	
6			1		1	
7			1		1	
8			1		1	
9			1		1	
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20			1		1	
21			1		1	
22			1		1	
23			1		1	
24			1		1	
25	1		1		1	
26			1		1	
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35			1		1	
36			1		1	
37			1		1	
38			1		1	
39			1		1	
40			1		1	
41			1		1	
42			1		1	
43						
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49						
50						
TOTAL IND.			3		3	
TOTAL DEP.			36		32	
TOTAL CLAIMS			39		345	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						